

## Application Data Sheet

### Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of Copies of CDs::	
Sequence Submission?::	None
Computer Readable Form (CRF)::	No
Number of copies of CRF::	0
Title::	METHOD FOR THE TREATMENT OR DIAGNOSIS OF HUMAN PATHOLOGIES WITH DISSEMINATED OR DIFFICULT TO ACCESS CELLS OR TISSUES
Attorney Docket Number::	0508-1063-1
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	2
Small Entity?::	No
Latin Name::	
Variety Denomination Name::	
Petition Included?::	No
Petition Type::	
Licensed US Gov't Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: FRANCE  
Status:: Full Capacity  
Given Name:: PATRICK  
Middle Name:: A.  
Family Name:: DREYFUS  
City of Residence:: CLAMART  
State or Province of  
Residence::  
Country of Residence:: FRANCE  
Street of Mailing           10, RUE PAUL BERT  
Address::  
City of Mailing Address:: CLAMART  
State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE  
Postal or Zip Code of Mailing Address:: F-92140

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: BRITAIN  
Status:: Full Capacity  
Given Name:: ELAINE  
Middle Name::  
Family Name:: PARRISH  
City of Residence:: SAINT-DENIS  
State or Province of  
Residence::  
Country of Residence:: FRANCE  
Street of Mailing           22, BOULEVARD MARCEL SEMBAT  
Address::  
City of Mailing Address:: SAINT-DENIS  
State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: F-93200

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: FRANCE  
Status:: Full Capacity  
Given Name:: LUIS  
Middle Name::  
Family Name:: GARCIA  
City of Residence:: SAINT-DENIS  
State or Province of  
Residence::  
Country of Residence:: FRANCE  
Street of Mailing Address:: 12, VILLA DANRE

City of Mailing Address:: SAINT-DENIS  
State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE  
Postal or Zip Code of Mailing Address:: F-93200

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: MOROCCO  
Status:: Full Capacity  
Given Name:: MOHAMED  
Middle Name::  
Family Name:: CHOKRI  
City of Residence:: STRASBOURG  
State or Province of  
Residence::  
Country of Residence:: FRANCE  
Street of Mailing Address:: 9, RUE DE BITCHE

City of Mailing Address:: STRASBOURG  
State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: F-67000

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: FRANCE  
Status:: Full Capacity  
Given Name:: JACQUES  
Middle Name::  
Family Name:: BARTHOLEYNS  
City of Residence:: BURES-SUR-YVETTE  
State or Province of  
Residence::  
Country of Residence:: FRANCE  
Street of Mailing Address:: 10, RUE DU ROYAURNE

City of Mailing Address:: BURES-SUR-YVETTE  
State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE  
Postal or Zip Code of Mailing Address:: F-91440

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: FRANCE  
Status:: Full Capacity  
Given Name:: ELISE  
Middle Name::  
Family Name:: PELTEKIAN  
City of Residence:: PARIS  
State or Province of  
Residence::  
Country of Residence:: FRANCE  
Street of Mailing Address:: 22 RUE DAVIEL

City of Mailing Address:: PARIS  
State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: 75013

**Correspondence Information**

Correspondence Customer 000466  
Number::

**Representative Information**

Representative Customer	000466
Number::	

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	Division of	08/924,830	9/5/97

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::

**Assignment Information**

Assignee Name:: INSTITUT NATIONAL DE LA SANTE  
ET DE LA RECHERCHE MEDICALE  
(I.N.S.E.R.M)

Street of Mailing Address:: 101, RUE DE TOLBIAC

City of Mailing Address:: PARIS CEDEX 13

State or Province of Mailing Address::

Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: F-75654

Assignee Name:: I.D.M. IMMUNO-DESIGNED  
MOLECULES

Street of Mailing Address:: 172, RUE DE CHARONNE

City of Mailing Address:: PARIS

State or Province of Mailing Address::

Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: F-75011